

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | HC | | 8-29-01 |
| O.J.P.E. CLASSIFIER | | 43 | 8/29/01 |
| FORMALITY REVIEW | HC | 1019 | 09-21-01 |

INDEX OF CLAIMS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

| Claim | Date | |
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| Claim | Date | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

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